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ABSTRACT

The potential of multidisciplinary teams to control for possible errors in diagnosis, classification, and placement and to provide a vehicle for ensuring effective outcomes of diagnostic practices is illustrated. The present functions of the school-based multidisciplinary team (also called, for example, assessment team, child study team, placement committee) are clustered into four generic groupings: (1) assessing referred students' suspected areas of disability: (2) determining eligibility for special education programming: (3) formulating Individualized Educational Plans, developing short-term instructional objectives, and projecting long-term educational goals for special education students; and (4) periodically reviewing the appropriateness of student placements. A model of team functioning is proposed, focusing on the outcomes of their diagnostic procedures. The team can advance nondiscriminatory assessment practices by implementing a more expansive Assessment-Intervention-Follow through (AIF) approach, thus providing additional benefits, such as continuous consultative support: safeguards against overuse of mainstreaming: program planning/evaluation: and forums for convergence of differing values. (Author/GK)

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The School-Based Multidisciplinary Team and Nondiscriminatory Assessment

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Abstract

The school-based multidisciplinary team can play an important role in advancing nondiscriminatory assessment. The team has the potential to not only provide for greater accuracy in decision making, but can also serve to promote continuity of services, the sharing of planning and programming responsibilities across disciplines, and the implementation of a more expansive Assessment-Intervention-Follow through (AIF) approach.

A model of team functioning is proposed that emphasizes that teams focus on the outcomes of their diagnostic procedures. This orientation is seen as a means of assuring nondiscriminatory assessment.

The Multidisciplinary Team and Nondiscriminatory Assessment

When the question of nondiscrininatory assessment is raised, the issues that most often come to mind relate to the quality of the tests that we use, and their appropriateness with various minority groups (e.g. Oakland, 1977; Samuda, 1975). Specifically, the areas of concern most frequently mentioned are: examiner bias, the psychometric qualities of the instruments (i.e. reliability, validity, norms), the "cultural loading" on the tests, and the language, linguistic characteristics and "test readiness" of the child. These issues are certainly relevant, but do not comprise the entire jigsaw puzzle of fair and nonbiased assessment. An important, perhaps essential, piece of the overall picture is the role of the multidisciplinary team (Pfeiffer, Note 2).

Two Public Law 94-142 standards related to classification and individual program development specify that a multidisciplinary team is required for both evaluation and placement decisions. It is clear that the architects of Public Law 94-142 felt that the team concept was an important component to be included in the special education system. Although not explicitly stated in the document, one can surmise that the rationale for the inclusion of a multidisciplinary team was to ensure against possible errors that any individual acting alone might make, while recognizing that only a group of experts from different disciplines could effectively deal with the increasingly complex set of problems presently facing educators.

Dan Reschly (1978) recently pointed out that the question of nondiscriminatory assessment requires directing our attention to the outcomes of testing. This paper will attempt to illustrate how multidisciplinary teams not only have the potential

to control for possible errors in diagnosis, classification, and placement, but also to provide a vehicle for broadening our perspective to ensure effective outcomes of our diagnostic practices.

As teams begin to focus on, and take greater responsibility for, the efficacy of the various programs that are recommended, we can expect to eliminate placements that diminish the opportunities for students to achieve to their full potential. This is the essence of the proposed relationship between the multidisciplinary team and nondiscriminatory assessment - providing a coordinated, school-based organizational unit with the purpose of ensuring that its diagnostic procedures lead to benefitial and growth promoting educational interventions for all children.

Traditional Team Functions

The school-based multidisciplinary team has, in different states, been also called the: Assessment Team, Child Study Team, Evaluation and Placement Committee, Placement Committee, Planning and Placement Team, and School Appraisal Team. In all cases, the various titles rather accurately relfect the team's present emphasis with a narrow and only minimally productive set of diagnostic activities (Ysseldyke & Salvia, 1974). Multidisciplinary teams have typically been given very little lattitude to become involved in the program implementation and monitoring aspects of a more expansive Assessment-Intervention-Follow-through (AIF) model for the delivery of special services.

The various functions that school-based teams presently engage in can be clustered into four generic groupings. One, teams are charged with the responsibility of assessing referred student's suspected areas of disability. Two, the formal diagnostic procedures are followed by a determination of eligibility for special

education programming. Three, teams formulate Individualized Educational Plans, develop short term instructional objectives, and may even project long term educational goals for those students who qualify for special education. Four, teams are required to periodically review the appropriateness of placements, typically occuring on a rather infrequent and less formal basis.

A survey was recently completed of 147 specialists from thirty multidisciplinary teams in a large, urban school system (Pfeiffer, Note 1). The survey had respondents select from a list of twenty potential problem areas (e.g. "fiscal restraints", "too many team members", "lack of parental involvement") those concerns that posed difficulty with their particular team. Results revealed that there was marked consensus across all thirty teams for four problem areas: "lack of program options to select from", "lack of opportunity for follow-up", "cases which are difficult to clearly define as special education", and "lack of time spent on an individual case". Team members, at least in the present survey, appear to mirror the concerns voiced earlier, with the constrictive and overemphasized diagnostic role preventing the team from moving into a more comprehensive, productive AIF model.

An Expanded Approach to Team Functioning

The multidisciplinary team can advance nondiscriminatory assessment practices by operating within an AIF model that expands team activities to include involvement with the implementation and monitoring phases of programs. The team would share responsibility with regular and special education for the development and successful implementation of special programs, ensuring that each student is being provided with a maximally benefitial psychosocial and academic experience.

Teams that operate within an AIF model would provide the following additional benefits, as well:

1. Continuous Consultative Support

Students who are in some transitional stage of being mainstreamed, regular education teachers who are working with these students, and the children's parents all require supportive services. The multidisciplinary team has the expertise to provide such support, ranging from parent and group counseling sessions to informing teachers how task analysis can assist the student's learning rate in the classroom. As school systems begin to implement a least restrictive placement approach, more students, teachers, and parents will come to value the support and guidance that team specialists can provide during the program implementation phase.

2. Safeguard Against the Overuse of Mainstreaming

Etzioni (1978) correctly pointed out that school districts may view Public Law 94-142 as the "least expensive alternative". Administrators and other school personnel who have little knowledge or direct experience working with exceptional children may support reducing "surplus" financial expenditures by encouraging placement of mildly handicapped students in regular education, without providing additional resources. The team can protect against these Type I errors by sensitizing school personnel to the particular social, emotional, and educational needs of exceptional children, while developing supportive services (e.g. peer tutoring, big brother/sister arrangements, parent workshops) to assist those mildly handicapped who will be in the mainstream.

3. Program Planning and Evaluation

Multidisciplinary teams have the expertise and resources for conducting needs assessments, developing new programs, and evaluating existing programs and support services. A commitment to program evaluation would provide the school district

with: 1) an accurate picture of which programs are most effective for which type of students and situations (leading to more realistic match-ups of students and available special programs), 2) a responsive feedback system to monitor the validity and usefulness of the teams' diagnostic statements and recommendations, and 3) information that could be instrumental in justifying securing district funds and/or submitting grants for innovative programs.

4. A Forum for Convergence of Differing Values

The team is probably the most logical, and perhaps only viable, school-based arena for discussing the many issues confronting special education. Team members' differing values and perspectives provide a healthy forum for questioning the policy and practices of the school district's special education department (e.g. which criteria to include in evaluating a student's progress in a special education program, or how to best involve parents in both the assessment and remediation phases).

Conclusions

These four additional benefits would accrue from the multidisciplinary team's adoption of a comprehensive AIF approach to the delivery fo special services. The team's relationship to nondiscriminatory assessment would be one of providing greater accuracy in decision making, promoting continuity of services for all children in need of supportive services, and sharing responsibility for the planning, implementation, and ongoing monitoring of all programs. The inevitable result would be the assurance of expanded educational opportunities for all children.

Reference Notes

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